

rehabilitation unit.

Methods.— It's a prospective study over 3 years including 15 polio patients. The evaluation was based on neurological examination, joint and spinal assessment, an analog visual evaluation (VAE) of pain before and after therapy. A 2-month program of rehabilitation was initiated with prescription or adaptation of medical equipment.

Results.— Fifteen patients were collected with average age of 36 years (29–50 years). All patients had a crural monoplegia and moved with a specific equipment and Canadian cane. The complications observed were: a cuff syndrome (11 patients), back pain on scoliosis (9 patients), a hyperextension of the knee (5 patients). After rehabilitation, the improvement of VAS pain was 66%.

Discussion.— Specific complications of polio are mechanical and neurological, which add to the natural aging. These late effects justify a medical monitoring and adapted rehabilitation care.

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P059-e

Patient preference disability assessment for disabling knee osteoarthritis

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Keywords: Handicap; MACTAR; Knee osteoarthritis; ICF

Objective.— To assess patient priorities in disability and restriction in participation with disabling knee osteoarthritis (DKO) by the McMaster Toronto Arthritis Patient Preference Disability Questionnaire (MACTAR).

Methods.— One hundred and twenty-seven patients hospitalized in two tertiary care teaching hospitals were included and evaluated by the MACTAR, the Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC), Lequesne scale, the Fear-Avoidance Beliefs Questionnaire, a life satisfaction score, pain, global assessment of disease activity and functional impairment, and neuropathic pain. Correlations between MACTAR and other scales were analysed by Spearman coefficient.

Results.— On the MACTAR, 3 domains of the International Classification of Functioning, Disability and Health were cited as priorities: mobility (50.6% of patients), community, social and civic life (27.8%) and domestic life (16.2%). Thirty activities were ranked in importance. The MACTAR was correlated moderately with disability ($r=0.5$) and fair with Lequesne, WOMAC, patient global assessment of his illness, pain and life satisfaction.

Discussion.— For assessing priorities in disability and restriction in participation among patients with DKO, the MACTAR has acceptable construct validity.

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P060-e

Evolution of neuromuscular abnormalities acquired in the intensive care unit

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Keywords: Neuromuscular abnormalities; Rehabilitation

Background.— The aim of this study was to evaluate the functional outcome of reeducated critical illness neuromuscular abnormalities (CINMA).

Methods.— This is a retrospective study of 5 years on patients referred for CINMA. The evaluation before and after rehabilitation was focused on the assessment of pain (visual analog scale), muscular strength (MS), joint mobility and functional assessment by functional independence measure (FIM).

had an average stay of 42 days in intensive care for multiorgan failure. The evaluation revealed a neuropathic pain intensity 60 mm on one patient, although improved with Pregabalin, an average MS of 2/5, osteomas in two patients and an average MIF 38/126. After an average growth of 29.6 months (4–84), there was a complete improvement of MS, joint mobility and functional score of 126/126 in 66.66%. For both patients with osteoma, the functional score was just 80/126.

Discussion.— The reeducation of CINMA should be started early to avoid orthopaedic, neurological sequelae and improve functional outcome and quality of life.

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P061-e

Heterotopic ossification after neuromuscular abnormalities acquired in the intensive care unit: About two cases

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Keywords: Paralysis; Neuromuscular abnormalities; Rehabilitation

Background.— Heterotopic ossifications (HO) rarely occur after of peripheral nerve lesions. We report the cases of two patients who presented HO following a neuromyopathy of intensive care.

Observations.— Case 1 was a 65-year-old man hospitalized in intensive care for cardiogenic shock. The diagnosis of osteoma of the hip was done at day 21 of hospitalization. The evolution after 2 years of rehabilitation was marked by improving range of motion and muscle strength by 80%. Functionally the patient was completely autonomous. Case 2 was a 53-year-old woman hospitalized for septic shock. Resuscitated for 40 days, she developed a tetraparesis (sensorimotor polyneuropathy) complicated by an immature osteoma in the right elbow and both hips. At 5 months of rehabilitation, the patient is much better on the articular and muscular level. In functional terms, the patient is partially autonomous.

Discussion.— The HO is underestimated in the medical intensive care. Preventing their installation and earlier diagnosis will establish an appropriate rehabilitation to reduce the risk of articular limitation and threatening the functional prognosis.

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P062-e

Neuromyopathy's resuscitation following a generalized tetanus: Case report

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Keywords: Neuromyopathy's resuscitation; Tetanus; Rehabilitation

Background.— The neuromyopathy's resuscitation is an acquired neuromuscular anomaly. Functional rehabilitation from the earliest days of hospitalization is essential to minimize functional deficits and reduce the risk of permanent disability.

Results.— A 53-years-old woman patient was sent to our physical rehabilitation department for reeducational care of a neuromyopathy's resuscitation following a generalized tetanus. On examination, walking using a walker, tetraparesis, flexum of the knees and elbows, bedsores at the heels and sacrum. The radiological assessment objectified osteomas in the two knees and elbows. The patient received physical therapy sessions. The evolution was marked by the improvement of the quality of work, loss of muscle weakness, decreasing knee flexum with persisting elbow flexum requiring surgical management.